

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003795

FILED  
Jun 14, 2012  
Secretary of State

**Entity Name:** THE CLAW FOUNDATION, INC.

**Current Principal Place of Business:**

1342 LAGRANGE ROAD  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

1342 LAGRANGE ROAD  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONERLY, BOWMAN & DYKES, L.L.P.  
4481 LEGENDARY DRIVE STE 200  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PARSONS, JAMES P  
Address: 1342 LAGRANGE ROAD  
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P. PARSONS

D

06/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date